

LOGISTICS SURVEILLANCE FORM

1. Date:	2. Name of Evaluator:	3. Contract Number:	4. Evaluation Period:	5. If IDIQ, Tracking Number:
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6. PWS Number and Brief Summary of Effort:

7. Detailed Surveillance Findings:

8a. Observed Discrepancy Summary: Type: Timeliness Performance/Quality

8b. IF FOUND, identify location/detail of contractor self-assessment inaccuracy here:

9. Method of Inspection (Check One):
 GO DC VCC UI PI
As Applicable: Lot Size: _____ Sample Size: _____

10. Recommended Action:
 No Further Action Required Rework Required (Contractor Notified to Rework)
 Deduct Other: _____

11. Miscellaneous:
Location of Observation (If Applicable):
Building/Room: _____ Other: _____ Check here if additional information is attached.
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Did discrepancies result in MADR being exceeded? Yes No
Number of Incidents Allowed (MADR): _____ Actual Incidents Documented: _____
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Additional Information (As needed; e.g., management issues.):

12. Deduction Calculation Information:
Contract Section Weight: _____ PRS Weight: _____ Deduct %: _____

13. Signature of Technical Monitor:	Date:
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14. Signature of COTR or Representative:	Date:
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15. COTR Comments: